Registration for Plumbing Apprentice

Michigan Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Plumbing Division P.O. Box 30255 Lansing, MI 48909 517-241-9330

	Agency Use Only				
	83				
	Batch: 114				
	Date:				
group because of race, sex, religion, age, national					

Fee: \$5.00

2002 PA 733 Authority: Completion: Mandatory

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Certificate of Registration will not be issued Act, you may make your needs known to this agency.

Instructions - This form must be submitted within 30 days of employment as a plumbing apprentice. The master plumber having supervision shall sign the application and provide his/her license number.

- Complete and sign the application. Type or print in ink.
- Enclose a check made payable to State of Michigan.
- Mail completed application (all pages must be submitted) and fee to the above address.

Applicant Information										
NAME (Last , First, Middle)					DATE OF BIRTH			AGE		
HOME ADDRESS				SOCIAL SECURITY NUMBER*			DATE APPRENTICESHIP BEGAN			
CITY	STATE	ZIP CODE		COU	NTY		TELEPHONE NUMBER (Include Area Code)			
Apprenticeship School										
Have you attended an apprenticeship	school?	Yes (Co	mplete inf	ormati	ion below) No					
NAME OF SCHOOL			INSTRUC	NSTRUCTOR DATES			(MO/DAY/YR)			
				FROM			TO:			
Education			•							
HIGH SCHOOL				HIGHEST GRADE COMPETED			DATE GRADUATED			
COLLEGE/UNIVERSITY				MAJOR			DATE GRADUATED			
Employment										
PRESENT EMPLOYER				NAME OF MASTER PLUMBER						
BUSINESS ADDRESS (Street No. and Name)					CITY		STATE	ZIP CODE		
DATES OF EMPLOYMENT (Month/Day/Year)										
FROM:	TO:									
Signature of Master Plumber Hav		sion Respon	sibility							
I certify the applicant is employed by statement is cause for rejection of app	the above na	amed company	for which		the authorized master plu	mber. I	further underst	and falsification of any		
SIGNATURE OF MASTER PLUMBER										
LICENSE NUMBER							DATE			

Have you been convicted of a felony or misdemeanor?	No							
If yes, complete the Conviction History section below. Failure to accurately consideration for examination and issuance of a plumber's license in the sta								
Conviction History In accordance with the Former Offenders Act, 1974 PA 381, this is to provide the question above which asked if you had been convicted of a felony or misd								
If you are unsure of exact details, respond to the best of your knowledge. T733 and will be used to process your application. Attach addition sheet(s) if n								
YOUR NAME WHEN CONVICTED								
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED								
DATE OF CONVICTION(S) AND SENTENCE(S)								
NAME AND ADDRESS OF SENTENCING COURTS								
CHECK YES OR NO TO THE FOLLOWING								
1. Are you a current inmate? Yes No								
2. Are you currently on probation / parole? Yes No								
If yes, provide the name, address and telephone number of the correctional facility, probation officer, or parole officer.								
DELEASE DATE FROM CUSTORY PROPATION OF DADOUE								
RELEASE DATE FROM CUSTODY, PROBATION, OR PAROLE								
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED								
Conviction History Certification and Signature (To be signed only if the Co	nviction History section above has been completed)							
I hereby certify the statements and facts provided are true and accurate permission to allow the Bureau of Construction Codes and Fire Safety to co								
SIGNATURE DAT								
Certification and Signature (Must be completed by all applicants)								
I certify that the information provided is true and accurate to the best of my ability. I fu of application or revocation of plumbing apprentice registration, if issued.	rther understand that falsification of any statement is cause for rejection							
APPLICANT'S SIGNATURE	DATE							

Background Information